

## Foster Family Home - Corrective Action Report

Provider ID: 1-170054

Home Name: Mayrose Abadilla, CNA

Review ID: 1-170054-2

94-992 Kualua Place

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 7/30/2018

End Date: 7/30/18

Foster Family Home Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 7/30/18. PCG request to increase to 3 person CCFFH.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 1 year 3 bed certification

*Angelica Galindo, RN*

Compliance Manager

*[Signature]*

Primary Care Giver

*7/30/18*

Date

*7/30/18*

Date